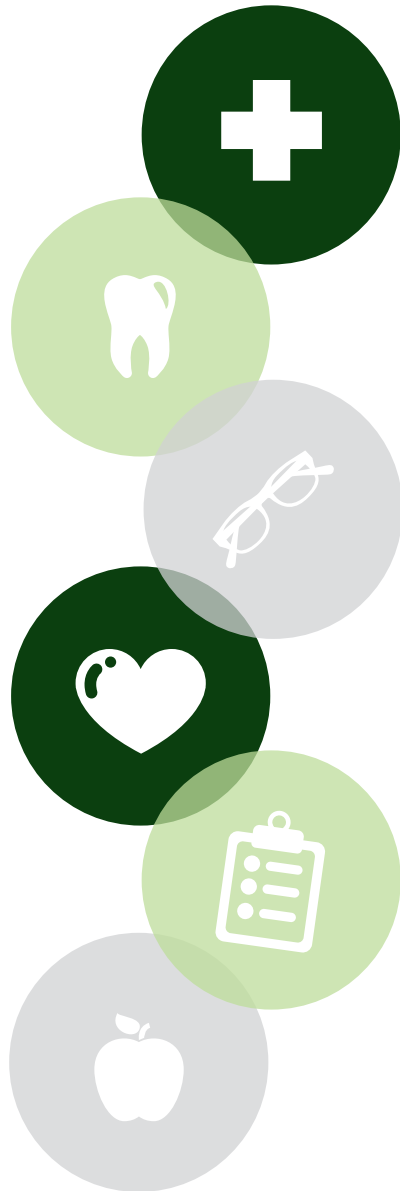




RETIREE BENEFIT HIGHLIGHTS



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This booklet is merely a summary of retiree benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. Orange County Sheriff's Office reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



Contact Information

| | | | |
|--|--|--|--|
| | Wellness & Benefits Team | | Email: SO-Benefits@ocsofl.com |
| | Dedicated Cigna Representative | Stephen Laica | Phone: (407) 254-7160 Email: Stephen.Laica@cignahealthcare.com |
| | Medical Insurance | Cigna Healthcare | Customer Service: (800) 244-6224 www.mycigna.com |
| | Prescription Drug Coverage & Mail-Order Program | Express Scripts Pharmacy through Cigna Healthcare | Customer Service: (800) 835-3784 www.mycigna.com |
| | Telehealth | MDLIVE through Cigna Healthcare | Customer Service: (888) 726-3171 www.mycigna.com |
| | Dental Insurance | Humana | Customer Service: (800) 233-4013 www.myhumana.com |
| | Vision Insurance | Humana | Customer Service: (877) 398-2980 www.myhumana.com |
| | Employee Assistance Program | Confide Behavioral Health Navigator through Cigna Healthcare | Customer Service: (844) 338-4232 www.mycigna.com Employer ID: ocsofl |
| | Retirement | Florida Retirement System (FRS) | Customer Service: (866) 466-9377 www.myfrs.com |
| | Claims, Billing & Benefit Assistance | Gehring Group | Customer Service: (800) 244-3696 Email: ocsofl@gehringgroup.com |



Introduction

The Orange County Sheriff's Office (OCSO) provides group insurance benefits to eligible retirees. The Retiree Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the OCSO Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available retiree benefit programs and stipulations therein. If retiree requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Wellness & Benefits Team.

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new and existing retirees during the Open Enrollment Period. The summary is an important item in understanding retiree's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

| | |
|-----------------|---------------------------------------|
| From: | Wellness & Benefits Team |
| Address: | PO Box 1440 Orlando, Florida 32802 |
| Email: | SO-Benefits@ocsofl.com |

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting Wellness & Benefits Team.

If there are any questions about the plan offerings or coverage options, please contact Wellness & Benefits Team at SO-Benefits@ocsofl.com.

IMPORTANT NOTES



The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which took effect on January 1, 2022 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law. Ground Ambulance services may not be covered as in-network.



Group Insurance Eligibility



OCSO's group insurance plan year is October 1 through September 30.

Retiree Eligibility

If retiree meets the eligibility requirements defined by the Florida Retirement System (FRS) and Orange County Sheriff's Office, retiree is eligible to elect benefits upon retirement from the Sheriff's Office.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Dental Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the retiree for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact Wellness & Benefits Team if further clarification is needed.



Medical Insurance

OCSO offers medical insurance through Cigna Healthcare to benefit-eligible retirees. The per pay period costs for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

Medical Insurance – Cigna Healthcare OAP Green Plan Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|----------------------|--------------|
| Retiree Only | \$935.33 |
| Retiree + Spouse | \$1,833.22 |
| Retiree + Child(ren) | \$1,501.72 |
| Retiree + Family | \$2,583.35 |

Medical Insurance – Cigna Healthcare OAP Gold Plan Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|----------------------|--------------|
| Retiree Only | \$958.10 |
| Retiree + Spouse | \$1,877.81 |
| Retiree + Child(ren) | \$1,538.25 |
| Retiree + Family | \$2,646.19 |

Cigna Healthcare | Customer Service: (800) 244-6224 | www.mycigna.com

Telehealth

Cigna Healthcare provides access to telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when retiree's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Mental Health
- ✓ Stomachache
- ✓ Rash
- ✓ Dermatology
- ✓ Fever
- ✓ Acne
- ✓ Sore Throat
- ✓ Cold and Flu
- ✓ UTIs and More
- ✓ Migrane
- ✓ Allergies

Telehealth doctors do not replace retiree's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Cigna Healthcare.

Telehealth

| Virtual Services | Green Plan Cost Per Visit | Gold Plan Cost Per Visit |
|------------------|------------------------------|-----------------------------|
| Urgent Care | \$25 | 80% After PYD |
| Mental Health | \$30 | 80% After PYD |
| Specialty | \$50 | 80% After PYD |

Cigna Healthcare

MDLIVE | Customer Service: (888) 726-3171 | www.mycigna.com



Medical Plan Resources

OCSO Cigna Healthcare offers all enrolled retirees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Cigna's customer service at (800) 244-6224 or visit www.mycigna.com.

Mobile App

myCigna mobile app provides on-the-go access to the medical benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

IdentityForce

Cigna Healthcare provides retirees enrolled in the Cigna Consumer Driven Health plan an identity theft protection plan through IdentityForce. This plan protects retirees and their dependents up to age 18, against identity theft compromises and includes, but is not limited to the following benefits:

- 24/7 Monitoring (Social Security, Social Media, Dark Web, Financial Accounts, Password Manager, and more)
- Sex Offender Notification
- Medical ID Fraud Protection
- Fully Managed Restoration Services
- \$1 Million Dollar Identity Theft Insurance Policy

To learn more about this plan or to sign up, contact IdentityForce's customer service at (833) 580-2523 or visit <http://cigna.identityforce.com/starthere>.

Health Information Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven (7) days a week, 365 days a year to provide health and medical information and assistance on available resources. For more information call (800) 244-6424.

Omada

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits. Retirees or covered adult dependent(s) enrolled in OCSO Cigna medical plan can participate in the program at no additional cost if they have been diagnosed with type 2 diabetes or hypertension and/or are at risk for developing type 2 diabetes or heart disease. Omada provides members with the tools and support needed to make lasting, meaningful changes to eating habits, improve energy, sleep and manage stress.

Those who qualify will receive:

- ✓ Personal health coach
- ✓ A personalized care plan
- ✓ Weekly interactive online lessons
- ✓ Online support groups
- ✓ A smart device such as glucose monitor, glucose meter, blood pressure monitor, or a smart scale to track progress.

Apply by visiting www.omadahealth.com/ocso

Healthy Pregnancies, Healthy Babies

Healthy Pregnancies, Healthy Babies Program is designed to help mothers-to-be and baby stay healthy during pregnancy and in the days and weeks following baby's birth.

Maternity specialists with nursing experience and are here to support you during your whole pregnancy.

Connect through the Cigna Healthy Pregnancy® app. This valuable resource offers an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

When enrolled in the first or second trimester and upon completion of the program, including postpartum check in, mother is eligible to receive an e-gift card by contacting (800) 615-2906. To enroll contact Stephen Laica at Stephen.Laica@cignahealthcare.com

Cigna One Guide

Cigna One Guide service can help retirees and dependents make smarter informed choices and get the most from the medical plan enrolled. One Guide personal support, tools and reminders can help retirees stay healthy and save money. One Guide team can help with the following:

- Understand Health Plan & Coverage
- Access to Care (find in-network providers; one-on one support for complex health situations)
- Save and Earn (obtain cost estimates and service comparisons)

Contact Cigna One Guide through the myCigna app or call (800) 244-6224 to talk with a personal guide.



Cigna Healthcare OAP Green Plan At-A-Glance

| Network | Open Access Plus | |
|---|--|--|
| Plan Year Deductible (PYD) | In-Network | Out-of-Network* |
| Single | \$2,000 | \$4,200 |
| Family | \$4,000 | \$8,400 |
| Coinsurance | | |
| Member Responsibility | 20% | 50% |
| Plan Year Out-of-Pocket Limit | | |
| Single | \$4,000 | \$8,400 |
| Family | \$8,000 | \$16,800 |
| What Applies to the Out-of-Pocket Limit? | Deductible, Coinsurance, Copay, and Rx | |
| Physician Services | | |
| Primary Care Physician (PCP) Office Visit | \$25 Copay | 50% After PYD |
| Specialist Office Visit | \$50 Copay | 50% After PYD |
| Virtual Visit (through PCP) | \$25 Copay | 50% After PYD |
| Non-Hospital Services; Freestanding Facility | | |
| Clinical Lab (Bloodwork)** | No Charge | 50% After PYD |
| X-rays | No Charge | 50% After PYD |
| Advanced Imaging (MRI, PET, CT) | 20% After PYD | 50% After PYD |
| Outpatient Surgery in Surgical Center | 20% After PYD | 50% After PYD |
| Physician Services at Surgical Center | 20% After PYD | 50% After PYD |
| Urgent Care (Per Visit) | \$50 Copay | \$50 Copay |
| Hospital Services | | |
| Inpatient Hospital (Per Admission) | 20% After PYD | 50% After PYD |
| Outpatient Hospital (Per Visit) | 20% After PYD | 50% After PYD |
| Physician Services at Hospital | 20% After PYD | 50% After PYD |
| Emergency Room (Per Visit; Waived if Admitted) | 1st Visit \$250 Copay 2nd Visit \$350 Copay 3rd+ Visit \$500 Copay | 1st Visit \$250 Copay 2nd Visit \$350 Copay 3rd+ Visit \$500 Copay |
| Mental Health/Alcohol & Substance Abuse | | |
| Inpatient Hospital Services (Per Admission) | 20% After PYD | 50% After PYD |
| Outpatient Services (Per Visit) | No Charge | 50% After PYD |
| Outpatient Office Visit | \$30 Copay | 50% After PYD |
| Prescription Drugs (Rx) | | |
| Generic | \$10 Copay | Not Covered |
| Preferred Brand Name | \$40 Copay | Not Covered |
| Non-Preferred Brand Name | \$80 Copay | Not Covered |
| Mail Order Drug (90-Day Supply) | \$20/\$80/\$160 Copay | Not Covered |



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

****LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.**



Cigna Healthcare OAP Gold Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.mycigna.com. When completing the necessary search criteria, select Open Access Plus network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

****LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.**

| Network | | Open Access Plus | |
|---|--------------------------------|--|------------------------|
| Plan Year Deductible (PYD) | | In-Network | Out-of-Network* |
| Single | | \$1,650 | \$3,000 |
| Family | | \$3,300 | \$6,000 |
| Coinsurance | | | |
| Member Responsibility | | 20% | 50% |
| Plan Year Out-of-Pocket Limit | | | |
| Single | | \$3,000 | \$6,000 |
| Family | | \$6,000 | \$12,000 |
| What Applies to the Out-of-Pocket Limit? | | Deductible, Coinsurance, Copay, and Rx | |
| Physician Services | | | |
| Primary Care Physician (PCP) Office Visit | | 20% After PYD | 50% After PYD |
| Specialist Office Visit | | 20% After PYD | 50% After PYD |
| Virtual Visit (through PCP) | | 20% After PYD | 50% After PYD |
| Non-Hospital Services; Freestanding Facility | | | |
| Clinical Lab (Bloodwork)** | | 20% After PYD | 50% After PYD |
| X-rays | | 20% After PYD | 50% After PYD |
| Advanced Imaging (MRI, PET, CT) | | 20% After PYD | 50% After PYD |
| Outpatient Surgery in Surgical Center | | 20% After PYD | 50% After PYD |
| Physician Services at Surgical Center | | 20% After PYD | 50% After PYD |
| Urgent Care (Per Visit) | | 20% After INN PYD | 20% After INN PYD |
| Hospital Services | | | |
| Inpatient Hospital (Per Admission) | | 20% After PYD | 50% After PYD |
| Outpatient Hospital (Per Visit) | | 20% After PYD | 50% After PYD |
| Physician Services at Hospital | | 20% After PYD | 50% After PYD |
| Emergency Room (Per Visit; Waived if Admitted) | | 20% After INN PYD | 20% After INN PYD |
| Mental Health/Alcohol & Substance Abuse | | | |
| Inpatient Hospital Services (Per Admission) | | 20% After PYD | 50% After PYD |
| Outpatient Services (Per Visit) | | No Charge After PYD | 50% After PYD |
| Outpatient Office Visit | | 20% After PYD | 50% After PYD |
| Prescription Drugs (Rx) | | | |
| Generic | | \$10 After PYD | Not Covered |
| Preferred Brand Name | | \$40 After PYD | Not Covered |
| Non-Preferred Brand Name | | \$80 + 10% After PYD | Not Covered |
| Mail Order Drug (90-Day Supply) | Generic & Preferred Brand Name | \$20, \$80 After PYD | Not Covered |
| | Non-Preferred Brand Name | \$160 + 10% After PYD | Not Covered |



Dental Insurance

Humana DHMO Plan

OCSO offers dental insurance through Humana to benefit-eligible retirees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana DHMO Plan Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|----------------------|--------------|
| Retiree Only | \$14.26 |
| Retiree + Spouse | \$28.51 |
| Retiree + Child(ren) | \$32.07 |
| Retiree + Family | \$51.59 |

In-Network Benefits

The DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Retiree and dependent(s) may select any participating dentist in the Humana HS195 network to receive covered services. There is no coverage for services received out-of-network.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document for a detailed listing of charges and benefits.

Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

Plan Year Deductible

There is no Plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.



IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit.
- Prior authorization is not required for
- specialty referrals for Endodontic, Orthodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

Mobile App

MyHumana mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

Humana | Customer Service: (800) 233-4013 | www.myhumana.com



Humana DHMO Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.myhumana.com. When completing the necessary search criteria, select HS195 network.



Plan References

* Excluding final restoration.

** Procedure requires separate payment of laboratory charges, not to exceed \$200.

| Network | | HS195 | |
|---|--|-------------------|-------------------|
| Plan Year Deductible (PYD) | | In-Network | |
| Per Member | | Does Not Apply | |
| Per Family | | | |
| Waived for Class I Services? | | | |
| Plan Year Benefit Maximum | | Does Not Apply | |
| Per Member | | | |
| Class I Services: Diagnostic & Preventive Care | | Code | In-Network |
| Routine Oral Exam (2 Per Year) | | 0120 | No Charge |
| Routine Cleanings (2 Per Year) | | 1110 | |
| Complete X-rays (1 Every 3 Years) | | 0210 | |
| Bitewing X-rays (2 Per Year) | | 0274 | |
| Class II Services: Basic Restorative Care | | | |
| Fillings (Amalgam) | | 2140/2160 | No Charge |
| Fillings (Resin, 3 Surface Posterior) | | 2393 | \$65 |
| Simple Extractions (Erupted Tooth or Exposed Root) | | 7210 | \$30 |
| Root Canal Therapy (Molar)** | | 3330 | \$210 |
| Surgical Removal of Tooth (Impacted) | | 7240 | \$80 |
| Full Mouth Debridement (1 Every 5 Years) | | 4355 | \$50 |
| Class III Services: Major Restorative Care | | | |
| Crowns (Porcelain Fused to Metal)** | | 6750 | \$245 |
| Bridges (Porcelain Fused to Metal)** | | 6240 | \$245 |
| Dentures** | | 5110/5120 | \$325 |
| Class IV Services: Orthodontia | | | |
| Benefit - Child/Adult | | 8070/8080/8090 | \$1,850 |
| Treatment Planning/Records | | 8070/8080/8090 | \$250 |
| Retention | | 8680 | \$300 |



Dental Insurance

Humana Traditional Preferred DPPO Plans

OCSO offers dental insurance through Humana to benefit-eligible retirees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Dental Insurance – Humana PPO Dental Plan

Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|----------------------|--------------|
| Retiree Only | \$23.14 |
| Retiree + Spouse | \$44.95 |
| Retiree + Child(ren) | \$42.81 |
| Retiree + Family | \$97.56 |

Dental Insurance – Humana PPO Plus+ Dental Plan

Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|----------------------|--------------|
| Retiree Only | \$30.23 |
| Retiree + Spouse | \$60.59 |
| Retiree + Child(ren) | \$70.37 |
| Retiree + Family | \$100.73 |

In-Network Benefits

The DPPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Humana Traditional Preferred. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Humana Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Maximum Allowable Charge (MAC). The MAC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Humana's MAC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

The Traditional Preferred plan requires a \$50 individual or a \$100 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Traditional Preferred DPPO plans will pay for each covered member is \$1,000 for in-network and out-of-network services combined. All services, excluding preventive, accumulate towards the benefit maximum. After the benefit maximum of \$1,000 has been met, the DPPO plan includes an extended benefit maximum of 30% coinsurance on basic and major services, excluding orthodontia, for the remainder of the calendar year.

Mobile App

MyHumana mobile app provides on-the-go access to the dental benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

Humana | Customer Service: (800) 233-4013 | www.myhumana.com



Humana PPO Dental Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.myhumana.com. When completing the necessary search criteria, select Traditional Preferred network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



Important Notes

- Age limitations, waiting periods and service limits may apply.
- Each covered family member may receive up to three (3) routine cleanings per plan year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should retiree have the dental work performed
- Benefit frequency limitations may apply to certain services.

| Network | Traditional Preferred | |
|---|--------------------------------------|--|
| Plan Year Deductible (PYD) | In-Network | Out-of-Network* |
| Per Member | \$50 | \$50 |
| Per Family | \$150 | \$150 |
| Waived for Class I Services? | Yes | |
| Plan Year Benefit Maximum | | |
| Per Member | \$1,000 | |
| Class I Services: Diagnostic & Preventive Care | | |
| Routine Oral Exam (2 Per Year) | Plan Pays: 100% Deductible Waived | Plan Pays: 100% Deductible Waived (Subject to Balance Billing) |
| Routine Cleanings (3 Per Year) | | |
| Complete X-rays (1 Every 5 Years) | | |
| Bitewing X-rays (2 Sets Per Year) | | |
| Class II Services: Basic Restorative Care | | |
| Fillings | Plan Pays: 80% After PYD | Plan Pays: 80% After PYD (Subject to Balance Billing) |
| Simple Extractions | | |
| Oral Surgery | | |
| Periodontal Services | | |
| Anesthetics | | |
| Endodontics (Root Canal Therapy) | | |
| Class III Services: Major Restorative Care | | |
| Crowns | Plan Pays: 50% After PYD | Plan Pays: 50% After PYD (Subject to Balance Billing) |
| Bridges | | |
| Dentures | | |
| Class IV Services: Orthodontia | | |
| Lifetime Maximum | \$1,000 | |
| Benefit | Plan Pays: 50% | Plan Pays: 50% (Subject to Balance Billing) |



Humana PPO Plus+ Dental Plan At-A-Glance

| Network | Traditional Preferred | |
|---|--------------------------------------|--|
| Plan Year Deductible (PYD) | In-Network | Out-of-Network* |
| Per Member | \$50 | \$50 |
| Per Family | \$150 | \$150 |
| Waived for Class I Services? | Yes | |
| Plan Year Benefit Maximum | | |
| Per Member | \$1,000 | |
| Class I Services: Diagnostic & Preventive Care | | |
| Routine Oral Exam (2 Per Year) | Plan Pays: 100% Deductible Waived | Plan Pays: 100% Deductible Waived (Subject to Balance Billing) |
| Routine Cleanings (4 Per Year) | | |
| Complete X-rays (1 Every 3 Years) | | |
| Bitewing X-rays (2 Sets Per Year) | | |
| Class II Services: Basic Restorative Care | | |
| Fillings | Plan Pays: 100% After PYD | Plan Pays: 100% After PYD (Subject to Balance Billing) |
| Simple Extractions | | |
| Crowns | | |
| Bridges | | |
| Endodontics (Root Canal Therapy) | | |
| Oral Surgery | | |
| Periodontal Services Anesthetics | | |
| Class III Services: Major Restorative Care | | |
| Dentures | Plan Pays: 50% After PYD | Plan Pays: 50% After PYD (Subject to Balance Billing) |
| Implant | | |
| Class IV Services: Orthodontia | | |
| Lifetime Maximum | \$1,000 | |
| Benefit | Plan Pays: 80% | Plan Pays: 80% (Subject to Balance Billing) |



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.myhumana.com. When completing the necessary search criteria, select Traditional Preferred network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



Important Notes

- **Age limitations, waiting periods and service limits may apply.**
- Each covered family member may receive up to four (4) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should retiree have the dental work performed
- Benefit frequency limitations may apply to certain services.



Vision Insurance

Humana Insight Plan

OCSO offers vision insurance through Humana to benefit-eligible retirees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact Humana's customer service.

Vision Insurance - Humana Insight Plan

Monthly Premium Cost

| Tier of Coverage | Retiree Cost |
|------------------|--------------|
| Retiree Only | \$5.17 |
| Retiree + Family | \$13.43 |

In-Network Benefits

The vision plan offers retiree and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, retiree and covered dependent(s) may select any network provider who participates in the Humana Insight network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Retiree and covered dependent(s) may choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Mobile App

MyHumana mobile app provides on-the-go access to the vision benefit account. Download the mobile app from the iPhone or Android app store. Using the mobile app, members are able to:

- View Benefits
- Locate a Provider
- Download Member ID Cards
- View Claims

Humana | Customer Service: (877) 398-2980 | www.myhumana.com



Humana Insight Vision Plan At-A-Glance

| Network | | Humana Insight | |
|--|---------------|---|---------------------------|
| Services | | In-Network | Out-of-Network |
| Eye Exam | | \$5 Copay | Up to \$30 Reimbursement |
| Contact Lens Exam <i>(Fit and Follow-Up)</i> | Standard Lens | Up to \$40 Copay | Not Covered |
| | Premium | 10% Off Retail | Not Covered |
| Retinal Imaging | | Up to \$39 Copay | Not Covered |
| Frequency of Services | | | |
| Examination | | 12 Months | |
| Lenses | | 12 Months | |
| Frames | | 24 Months | |
| Contact Lenses | | 12 Months | |
| Lenses | | | |
| Single | | \$20 Copay | Up to \$25 Reimbursement |
| Bifocal | | \$20 Copay | Up to \$40 Reimbursement |
| Trifocal | | \$20 Copay | Up to \$60 Reimbursement |
| Frames | | | |
| Allowance | | Up to \$110 Retail Allowance; then 20% Off Balance Over \$110 | Up to \$65 Reimbursement |
| Contact Lenses* | | | |
| Non-Elective <i>(Medically Necessary)</i> | | No Charge | Up to \$200 Reimbursement |
| Elective | Conventional | Up to \$110 Retail Allowance; then 15% Off Balance Over \$110 | Up to \$104 Reimbursement |
| | Disposable | Up to \$110 Retail Allowance | Up to \$104 Reimbursement |



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.myhumana.com. When completing the necessary search criteria, select Humana Insight network.



Plan References

**Contact lenses are in lieu of spectacle lenses.*



Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



Employee Assistance Program

OCSO cares about the well-being of all retirees and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Confide Behavioral Health Navigator through Cigna Healthcare. EAP offers retiree and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help retiree gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered retirees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect retiree or family member's well-being. Coverage includes eight (8) visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential.

Cigna Healthcare

Confide Behavioral Health Navigator | Customer Service: (844) 338-4232

www.mycigna.com | Employer ID: ocsofl

Cigna Behavioral Health

For covered services related to mental health and substance abuse, participants have access to the Cigna Behavioral Health network of providers. This program provides dedicated support, lifestyle coaching and online tools and 24/7 availability through on-demand coaching, personalized learning, and virtual behavioral care.

Happify

The Happify app features science-based activities and games designed to help lessen symptoms of depression and change behavior. Happify is included in plans with Cigna Total Behavioral Health at no cost.

iPrevail

iPrevail offers 24/7 access to digital peer coaching and peer support using cognitive behavioral therapy techniques, interactive video lessons and support communities. iPrevail is included in plans with Cigna Total Behavioral Health at no cost.

To learn more about the Cigna Behavioral Health network or to find a provider and start video counseling contact customer service or visit www.mycigna.com then visit the Wellness page - Emotional Health.

Cigna | Customer Service: (800) 433-5768 | www.mycigna.com



3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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